

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **P17043** (1)  
1. Corporation Name  
**W. KINTZ PLASTICS, INC.**

Principal Place of Business Mailing Address  
**1 CAVERNS ROAD HOWES CAVE NY 12092**      **1 CAVERNS ROAD HOWES CAVE NY 12092**

2. Principal Place of Business 26. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
**BRENNAN, JOHN M.  
111 NORTH ORANGE AVENUE, S-900  
ORLANDO FL 32801**

APPROVED AND FILED  
95 MAY - 1 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1987** 3a. Date of Last Report **06/08/1994**  
4. FEI Number **14-1585116** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTZ, EDWIN H.	1. NAME	
STREET ADDRESS	1150 RUFFNER ROAD	2. STREET ADDRESS	
CITY, ST, ZIP	SCHENECTADY NY	3. CITY, ST, ZIP	
TITLE	VSD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINTZ, JANE U.	5. NAME	
STREET ADDRESS	1150 RUFFNER ROAD	6. STREET ADDRESS	
CITY, ST, ZIP	SCHENECTADY NY	7. CITY, ST, ZIP	
TITLE		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	
STREET ADDRESS		10. STREET ADDRESS	
CITY, ST, ZIP		11. CITY, ST, ZIP	
TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	
TITLE		16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	
STREET ADDRESS		18. STREET ADDRESS	
CITY, ST, ZIP		19. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and clearly and verifiably for the exceptions stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the secretary or treasurer appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or Block 14 if added, with an address.

SIGNATURE: **WYNN KINTZ**      3-8-95      518-296-8513